

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-2797

**APPLICATION FOR
CERTIFICATE OF AUTHORIZATION TO
PROVIDE POSTSECONDARY EDUCATION**

RECEIVED
OCT 11 2013
S.D. SEC. OF STATE

Please mark the appropriate box:

- | | |
|---|--|
| <input checked="" type="checkbox"/> INITIAL APPLICATION | <input type="checkbox"/> CHANGE OF PRIMARY ADDRESS |
| <input type="checkbox"/> CHANGE OF NAME | <input type="checkbox"/> CHANGE IN ADDITIONAL SITES (ATTACHMENT A) |
| <input type="checkbox"/> CHANGE IN ACCREDITATION | <input type="checkbox"/> OTHER CHANGE(S) |

1. Name of Applicant (*the institutional name under which postsecondary educational programs are provided*):

Idaho State University

2. Applicant's Main Address (*Additional sites listed on Attachment A*):

921 South 8th Avenue

(Street Address)

Pocatello

(City)

ID

(State)

83201-5377

(ZIP Code)

www.isu.edu

(Website)

3. Contact Person:

Kathryn A. Way

(Name)

Distance Learning Specialist

(Title)

(208) 282-3823 (direct)

(Telephone Number)

(208) 282-3300

(Fax Number)

waykat@isu.edu

(Email Address)

4. Does the Applicant operate at other sites than the address stated above?

☒ YES ☐ NO

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

5. Does the Applicant have a parent organization (non-profit, corporate, or otherwise)? ☐ YES ☒ NO

If "YES", please indicate the following:

(Parent Organization Name)

(Street Address)

(City)

(State)

(ZIP Code)

6. Is the Applicant an instrumentality of the State under the jurisdiction of the South Dakota Board of Regents?

☐ YES ☒ NO

If "NO", please indicate whether the Applicant is either (check one of the following):

☒ An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State Idaho Agency State Board of Education

Address 650 West State Street, Room 307

City Boise State ID Zip Code 83702

Contact Phone Number (208) 334-2270

Contact Website www.boardofed.idaho.gov

☐ Legally established to operate in South Dakota as a private business entity

South Dakota Corporate ID _____

South Dakota Corporate Name _____

☐ Legally established to operate in South Dakota as a not-for-profit corporation.

South Dakota Corporate ID _____

South Dakota Corporate Name _____

7. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

☒ YES

Accrediting Agency: Northwest Commission on Colleges and Universities

8060 165th Ave. NE, Ste. 100

(Street Address)

Redmond

(City)

WA

(State)

98052

(ZIP Code)

Effective date of most recent grant of accreditation:

Reaffirmed, January 11-12, 2012

Term or expiration date of most recent accreditation:

Continuous; does not expire

☐ NO

Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated

Oct. 7, 2013

Lauren Woodward-Neely
(Signature of an authorized officer)

LAUREN WOODWARD-NEELY
(Printed name)

PROVOST and VP ACADEMIC AFFAIRS
(Title)

Submit Application to:
South Dakota Secretary of State
Corporations Division
500 East Capitol, Suite 204
Pierre, SD 57501

Or email us at:
SOS.EDU@state.sd.us

Exemptions

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

ATTACHMENT A

ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1. Idaho State University -- Idaho Falls (satellite campus of Pocatello)

(Name)

1784 Science Center Drive

(Street Address)

Idaho Falls

Idaho

83402

(City)

(State)

(ZIP Code)

2. Idaho State University -- Meridian (satellite campus of Pocatello)

(Name)

1311 East Central Drive

(Street Address)

Meridian

Idaho

83642

(City)

(State)

(ZIP Code)

3. Idaho State University -- Twin Falls (satellite campus of Pocatello)

(Name)

Evergreen B40, P.O. Box 1238

(Street Address)

Twin Falls

Idaho

83303

(City)

(State)

(ZIP Code)

4. _____
(Name)

(Street Address)

(City)

(State)

(ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)